

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative	Prepared by: DeDe Sieler
Date: July 26, 2004	
Quarterly Report Period(s): March 2004 through May 2004	

I. Goals of the Project:

- *Have there been any changes in the goals of the project this quarter and for what reasons?* None

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation.

Progress continues to be achieved in service delivery. Ongoing review of the evaluation data from Portland State University indicates positive outcomes of programs and projects funded by the grant. On May 4, 2004, Portland State University researchers in collaboration with Eileen Franco from the national evaluation team at ORC made a presentation to the community which highlighted how Clark County's system of care implementation compared with other sites across the country who had also received the CMHI funding. The results indicated that Clark County leads the nation in creating the infrastructure needed to support the chief principles which define successful systems of care. Ratings for Clark County were particularly high for services that were family focused, individualized, community-based, and for services that were provided in the least restrictive setting. Clark County has also scored higher than the national average for the stability of child living arrangements.

The Community of Care Advisory Council (COCAC) continues to focus their ongoing discussions and efforts on the sustainability of the projects which are making a positive impact on the children and families in the community.

2.) System Wide Management Information System

The implementation of the new Creative Sociomedic software has taken place. All Clark County agencies went “live” in September 2003 with all data being current by 11/30/03. The next undertaking in the development of a system-wide MIS involves the creation of Electronic Medical Records (EMR).

3.) Enhanced involvement of consumers at all levels of the system of care

The Community Partners Committee continues to do outreach and provide support to families that need support in moving forward with the challenges they face. The number of families accessing the committee during the reporting period was 1. New members to the Community Partners Committee include representation from the Clark County Alcohol and Drug Department.

Family members continue to participate as partners supporting families in services, and as members of all committees. The involvement of parent partners and family specialists at all levels of the system of care has proven to be an invaluable resource and support for families as they receive support from agencies within the community.

The Family Action Committee is currently working on the development of a proposal, which will address the establishment of a Family Involvement Specialist. This person would be responsible for strengthening the voice of families within Clark County through a Family Action Commission structure.

4.) Development of a Children's Trust Fund

Flex funds continue to be disbursed to families with children in services. Recommendations for sustaining funding and developing or creating funds disbursed through a non-profit (The Youth Foundation) continue to be under consideration as a part of the sustainability recommendations that are being worked on by the COCAC. This is evidenced by the inclusion of resource sharing in the Memorandum of Understanding (referenced in section IV of this report).

5.) Expanded system of case finding, screening and assessment

Outreach to school personnel, service providers, and families in terms of access to mental health services continues on an ongoing basis. As of May 2004, a Department of Children & Family Services Mental Health Liaison position was created. This position is fully funded and filled by a clinical care manager from the Clark County Regional Support Network who is officed at the local office of the DSHS Department of Children and Family Services. The responsibilities of this position are to assess the needs of children/youth

with mental illness, emotional or behavioral disturbances (in the Vancouver DCFS office) through direct assessment and coordination with DCFS case workers and RSN staff and providers. The position will help to initiate an acute referral into the mental health system once the child/youth is determined to meet the financial and clinical criteria. The Mental Health Liaison position is also responsible for providing training to DCFS staff and contractors in the referral process, access to care and clinical appropriateness. On a system level, this position will provide necessary information to the RSN and to the DCFS Regional Administrator on unmet needs or barriers for children/youth in relationship to accessing treatment.

6.) Cross system program for increased cultural competence

7.) Enhanced capacity for resource mapping and asset identification

Networking with county and other community initiatives continues to assure that access to resources are available to families.

II. Target Population of Children who have Serious Emotional Disturbances:

- *Number of children newly enrolled in services this quarter only:*

During the last reporting period, the Department of Community Services was in the process of converting to a new Management Information System, therefore we were unable to report on enrollment. The number of children newly enrolled in services from March 1, 2004 to May 31, 2004 was 89.

- *Number of children served to date:*

810 as of 5/31/04

- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*

The enrollment reported to date continues to reflect the high percentage of Caucasian population with fewer diverse populations.

- *Across all systems partners; how many children, as of this reporting period, are currently being served:*

Out of state: 12 (duplicative count between systems – primary out of state service is for substance abuse inpatient treatment across the state line into Portland, OR)

Out of Community: 9

III. Child and Family Services/Supports:

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services continue to be provided.

- *Have barriers to development and implementation of the mandated services been identified and how are they being addressed?*

Work continues on sustaining services implemented with grant dollars. Alternate funding sources have been identified for all of the initiatives currently being funded through CMHI grant dollars except for the Community Empowerment Project. The Community of Care Advisory Council is continuing to meet on a monthly basis to discuss alternate resources for those programs where funding has yet to be identified and/or secured.

The Community Partners Committee continues to meet with families to support them in accessing services and or resources not readily available.

IV. System Level Coordination/Infrastructure and Management Structure:

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

Resignations and appointments to the Community of Care Advisory Council (COCAC) included the following:

All appointed positions remain the same.

No changes to report during this reporting period.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

The Community of Care Advisory Council has spent a number of months discussing the efforts that will be needed to sustain the work specifically addressed and carried out by the COCAC. Months of discussion and ideas have resulted in the creation of a Memorandum of Understanding. This MOU is currently in the process of approval and signatures from the listed entities. A copy of the MOU is attached as **Appendix A**.

- *List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

As identified in previous quarterly reports, the community completes a yearly update on the Youth Suicide Prevention Plan. This year's meeting was held on May 22, 2004. Participants at the meeting included Senator Don Carlson, Commissioner Craig Pridemore, Clark County officials, and community representatives from education, health, mental health, and interested citizens. The focus of the meeting was a discussion around sustaining the activities that were started by the Youth Suicide Prevention Task Force three years ago.

The suicide prevention team prioritized the implementation of three programs:

1. **Teen Talk:** A phone and Internet forum in which trained teen volunteers are available as an informal support system for young people or for adults who have questions regarding a teen in their lives. Ten teen volunteers are currently trained as well as an intern from Washington State University who provides back-up and support. An additional 4-5 teens are scheduled to attend the volunteer training in the near future. The program was implemented on December 15, 2003. Enclosed with this report is a packet of information and marketing tools specific to the Clark County Teen Talk line.

Appendix B

2. **Applied Suicide Intervention Skills Training:** Trainers from the Community Empowerment project (a family run organization) have been trained to teach suicide intervention to caregivers, including professionals and volunteers. One training occurred during this reporting period.
3. **Coping and Support Training Plus Parent Involvement:** A partnership with University of Washington, the program works closely with at risk students in the school setting. Through group sessions and counseling, the program is designed to help students learn life skills and manage stress. Data will be collected for the Universities Research Project. During this reporting period, two CAST groups were completed at two local high schools. There were 13 youth served in the intervention group and 15 in the usual care group for a total of 28 youth served.

The Connections program at the Juvenile Justice Center and the School Proviso projects continue. Both of these programs are excellent examples of mental health joining with multiple systems to provide programs based upon system of care values and principles.

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*

Throughout this report are a number of examples of our linkages with universities (Portland State University as well as the University of Washington).

- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Improved communications and media coverage will help in making the community aware of needs and available resources. Funding possibilities will be discussed by agencies.

V. Cultural Competence:

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

As an additional means to ensuring that service provision within the Clark County community is culturally sensitive and responsive to the diversity of its' citizens, the Clark County RSN has made additional changes within the contracts that are held with each public mental health provider. These changes become effective July 1, 2004. Performance payment points will be paid to each provider who performs special population consults for special population consumers of service within 30 days of admission. This data is reviewed on a monthly basis with financial reconciliation occurring on a quarterly basis.

VI. Family Involvement:

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

Families are involved in all grant activities. Family members are involved in the Advisory Council and are employed to complete data collection and dissemination of that data to the community. Family members are also employed at each mental health agency to serve in a support role to other families as well as participate in the discussions around service planning and policy development.

The Family Action Committee continues to work on outreach to families and network with other entities that focus on services for families. As previously mentioned in this report, the Family Action Committee is researching the

value of moving to a Commission structure, which will be coordinated through the efforts of a Family Involvement Specialist.

The participation of families in the Community Empowerment Project continues to remain steady. This project was created with parent input and continues to address the training and technical assistance needs of families.

- *Have barriers been identified in family involvement and how are they being addressed?*

Again, the COCAC is responding to and working with the Family Action Committee on restructuring and possibly moving to a commission structure. It is anticipated that this will not only address the barriers that have been identified in previous reports regarding family involvement, but will also serve to strengthen the ownership of the process as well.

VII. Social Marketing/Public Education Campaign:

- *Describe any changes to your social marketing/public education plan this quarter?*

The Clark County Department of Community Services continues to place enhanced efforts on the social marketing efforts through the hiring of a Public Information Officer, Geoff Knapp.

Planning for a close-out celebration has included many stakeholders. The event, tentatively planned for October, will feature several guest speakers and will recognize many individuals and organizations for their work in many areas. The event will attract media attention.

A representative from Catholic Community Services was interviewed by KNMT-TV. Don Koenig, Executive Director, spoke extensively about the system of care values and principles along with being able to share several individual success stories.

- *How has the national campaign team helped you this quarter.*

Geoff Knapp, PIO for the Clark County Department of Community Services made connections with the national campaign team during his attendance at the System of Care meeting in Texas. He continues to use these connections as an opportunity for networking and discussion on using the social marketing/public education plan in our county's sustainability efforts.

- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*

In an effort to enhance system of care programs and publicize best practices, Geoff Knapp, who is responsible for social marketing, convened a group of individuals representing health departments, Head Start, libraries, researchers and other interested community members to launch a new initiative. The Clark County Youth Initiative seeks to integrate public health, mental health, and multidisciplinary community resources to identify needs and deliver outreach to teens and young adults at risk for bearing children with special needs and/or providing less than optimal care for their children age 0-5.

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

The Department of Community Services PIO continues to gather information and facilitate discussions around the "Report to the Community". This report will be Clark County's recap of the past six years of system of care work in the community. A copy of the final report will be included with the final quarterly report from our community.

Collecting family stories is important and continues to be one of the most effective means to assist with understanding.

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Report Regional Research Institute for Human Services, Portland State University March 1, 2004 to May 31, 2004

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	March through May 2004	Cumulative total
Intake Descriptive Information Questionnaires	7	792
Number of children for whom baseline data collection is complete (youth and caregiver)	1	337
Number of children for whom 6-month follow-up data collection is complete	6	265
Number of children for whom 12-month follow-up data collection is complete	8	218
Number of children for whom 18-month follow-up data collection is complete	14	193
Number of children for whom 24-month follow-up data collection is complete	32	150
Number of children for whom 30-month follow-up data collection is complete	19	95
Number of children for whom 36-month follow-up data collection is complete	10	68

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There was one full-time one half-time Family Evaluator working with the evaluation team at PSU, and one full-time Family Information Specialist with the Department of Community Services—Behavioral Health Services.

The FIS working with PSU began work again this quarter after time off all of last quarter to recover after surgery.

The FIS's continued to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above. *All interviews ended May 31st.*

Much of the work time this quarter was spent on preparations for presentations and reports; during this quarter, we prepared and presented reports about Clark County data at three national conferences and one local audience. These are described below.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

- In March, we presented at A System of Care for Children's Mental Health: Expanding the Research Base, in Tampa Florida. Our analysis compared youth needs and service experiences between transition aged and younger youth. We found that older youth have more problems in education, the community, and substance use. The presentation itself, as well as the submitted proceedings, can be found at <http://www.rri.pdx.edu/ClarkCo/pgCCPresentations.htm>.
- In May, Eileen Franco from ORC-Macro collaborated with PSU on a presentation that reviewed findings from the national evaluation and compared Clark County's data to those findings. This presentation was open to all on the general membership of the Community of Care and to all families that are still part of the evaluation. About 45 people attended, including family members, administrators, and line staff. Another presentation focusing on local outcome information will be made in August.
- In May, we presented at the Building on Family Strengths conference in Portland, Oregon. We collaborated with staff and family members from Connections, including a family served by Connections. The presenters gave an overview of Connections, the family told their story, and the research team presented on the outcomes. The presentation was well received, especially the dynamic family members. Download the presentation at <http://www.rri.pdx.edu/ClarkCo/pgCCPresentations.htm>.
- In May, Paula Savage and Mike Pullmann presented at the Family Support America conference in Chicago, IL. The presentation used the Clark County evaluation, and reports and presentations from the evaluation, as an example of the process and products from researcher-family member collaborations. The FSA organization invited and paid for this presentation.

Many other reports, presentations, and general information are available on our website, www.rri.pdx.edu/ClarkCo.

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

The major barrier during this timeframe was staff transitioning back after surgery and the transferal of interviews among staff and the RRI. There was some moderate confusion as to which interviewers were responsible for which families. This was cleaned up without a loss of families to the evaluation.

IX. Technical Assistance and Trainings:

Describe training activities that have occurred for your community this quarter.

Community Empowerment Project
Training/Attendees Summary March 2004 – May 2004

Trainings March 2004 - May 2004	Attendees each	Satisfaction Rate (%)	# of trainings	# of trainees all	Satisfaction all
Parent Partner Monthly Meeting -March 2004	6	100.00%	2	8	100.00%
Parent Partner Monthly Meeting -May 2004	2	100.00%			
Cross Agency System (CAS) – May 4, 2004	16	97.37%	1	16	97.37%
STS - Medicaid Mental Health Care – March 2004	2	100.00%	2	24	100.00%
STS - Advocacy Training @ Plain, WA Retreat - April 2004	22	100.00%			
Individual Education Plan (IEP) - May 2004	17	97.62%	1	17	97.62%
Total			6	65	98.75%

X. Sustainability

- *List percentages of your match funds which comes from public or private sources*

The required CMHI match for the grant year covering March 1-May 31, 2004 in the amount of \$724,193.82.

The match is 100% public funds.

XI. Lessons Learned

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*

In preparation for the Georgetown Institutes in June, the Clark County Department of Community Services requested feedback from community members who have been involved with the system of care work since the inception of the grant. Community members were asked to list their thoughts about lessons learned over the years. The following is a response from Dr. Robert L. Fizzell, Ph.D. Dr. Fizzell's thoughts incorporate the feelings of many within the community.

Clark County's Children's System of Care: Thoughts on the Effort

Robert L. Fizzell, PhD

When Clark County was awarded the grant to develop its Children's System of Care, it raised visions of great possibilities for me and for many of my associates. The concept of bringing the various child- and family-serving agencies together was clearly what was needed to significantly improve the delivery of services.

Clark County has been fortunate to have many youth and family service professionals and volunteers who are abreast of the best research and practice in their fields and are open to trying whatever it takes to produce high quality services. These people were quick to see the potential inherent in the System of Care proposal. At the launching of the Children's System of Care, these people and many concerned citizens filled a high school auditorium and then turned out in near equal numbers at the organizational meeting. Expectations and enthusiasm were high.

I was fortunate to become a member of the Board of Directors and later Chair of that Board. I was also very active on several of the committees. I would consider this experience one of the more interesting of my long career in youth and family services. In serving with the System of Care, I was privileged to work with many dynamic, creative and very caring people. I believe that we supported and initiated many valuable projects and brought a great deal of attention to the issues of quality services for youth and families. There is no question that this grant has made a profound positive difference in the lives of many children and families in Clark County.

I also believe that we learned a lot about how difficult it is to bring about the type and degree of changes we envisioned.

The excitement, enthusiasm, and expectations that accompanied the launch of this project were clearly not! present in its later days. To maintain this community commitment, is a task of monumental political effort. While we did not succeed in maintaining the momentum, we did build important relationships, foundations and understandings. I believe that this foundation can be developed if we will attend to the obstacles we encountered. I am also confident that the awareness of best practices that has been developed across agencies and among citizen's moves the community far ahead towards their broad implementation.

The two major obstacles to fuller success and continuing enthusiasm were both addressed to some extent. We learned how difficult they are, but we also learned that progress is possible. With continuing effort we will move beyond them. The first of these is the difficulty of getting the various agencies to be able to cooperate fully. Distrust, jealousy, competition for scarce resources, institutional cultures, incompatible legislative or administrative mandates and communications all require on-going attention. We made great progress! , but we did not develop real integration.

The second obstacle is developing and maintaining family involvement in the decision-making. This was a constant effort, but one which requires much more development. Bureaucratic definitions of "Family" and struggling to insure that critical population were represented made this difficult. However, truly broad and representative input from a community the size of Clark County cannot be achieved in formal, community-wide monthly meetings. We must find a structure that permits easy and continuing input from all families. We must also continue to work to make families feel comfortable and confident in addressing agencies on which they are dependent.

Clark County has made a Hugh leap toward developing a true System of Care for youth and families. If we are able to now transfer the leadership of this system to the community, if we are able to develop a real sense of ownership and control among the families, the businesses! and all of us who benefit from a community with healthy families, we will achieve the vision which launched this effort.